Effective December 8, 2004									Aprilogison at Docket Humber					
CLAIMS AS FILED - PART I									10/5/9363					
L		CLAIMS		ED - PART (Column 1) (Column 2)				SMALL EN TYPE	TITY	OR	OTHE! SMALL			
U.	S. NATIONAL	1	7				RATE	FEE	7	RATE	Т	FEE		
BA	SIC FEE	SMALL ENT. = \$ 150		LAR	IGE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	†:	300		
ΕX	AMINATION F	EE	Salisfies PCT Article 33(1)- (4) = \$50/\$100		,	other situations = \$ 100 / \$ 200		EXAM FEE	†	1	EXAM. FEE	T		
SEARCH FEE			U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400			other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	Т	500 500	
FEE FOR EXTRA SPEC. PGS.			mi	nus 100 =	/ 50 =			X \$ 125 =		1	X \$ 250 =	ť	<u> </u>	
TOTAL CHARGEABLE CLAIMS			17 m	inus 20 =	•	,		X \$ 25 =		OR	X \$ 50 =	T		
INDEPENDENT CLAIMS			✓ minus 3 =		. /			X \$ 100 =		OR	X \$ 200 =	te	200	
<u> </u>		DENT CLAIM PR		7				+ \$ 180 =	·	OR	+ \$ 360 =	F		
* #	If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	乜	100	
	CLAIMS AS AMENDED - PART (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A		REMAINING AFTER AMENOMENT		NUME PREVIO PAID I	ER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	Π	NDDI- IONAL FEE	
	Total, ·	. 17	Minus	91)	E	Γ	X \$ 25 =	. 1	OR	X \$ 50 =	Γ		
AME	independent	• 4	Minus	 3		=	Γ	X \$ 100 =		OR	X \$ 200 =	H		
	FIRST PRES	ENTATION OF M	ULTIPLE DEP	ENDENT C	LAIM		ſ	+ \$ 180 =		OR	+\$ 360 =	П		
					•		7	OYAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			
		(Column t)		(Colum	n 2)	(Column 3)					•			
욻 년	Spoke	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TK	ADDI-) TIONAL FEE	
	Total	. 17	Minus	-20		С	Γ	X \$ 25 =		OR	X \$ 50 =	7		
	Independent	• 4	Minus	··· 🛂		÷		(\$100=	- /	OR	X \$ 200 =	#	\neg	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\$ 180 =		OR	+\$ 360 =		\neg	
			•				Ŧ	TAL ADDIT. FEE	/-	OR	TOTAL ADOIT.	_	コ	
1	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".													